MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04169

4179

CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
LENGTH OF STAY (in this place) 53 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Winfred (Last) Armstrong

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 7 1901

9. AGE last birthday 53-9-1 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Servi

10B. KIND OF BUSINESS OR INDUSTRY: Textile Factory

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Irvin Armstrong

14. MOTHER'S MAIDEN NAME: Alberta Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or date of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Madeline Armstrong Snow Hill Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive arteriosclerotic Cardio-vascular renal disease — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7/55, 19....., to 4/8/55, 19....., that I last saw the deceased alive on 4/7/55, 19....., and that death occurred at 8.00 AM, from the causes and on the date stated above.

SIGNATURE Paul Cohen M. D. ADDRESS Snow Hill Md DATE SIGNED 4/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF April 11 55 — NAME OF CEMETERY OR CREMATORY Ebenezer — LOCATION (City, town, or county) Snow Hill, Md (State)

DATE REC'D BY LOCAL REGISTRAR 4/11/55 — REGISTRAR'S SIGNATURE Lucy E. Cooper — FUNERAL DIRECTOR Clay Timmons — ADDRESS Snow Hill Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04170

: 4180 **CERTIFICATE OF DEATH** Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Berlin
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Ellison (Middle) Prettyman (Last) Collins

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: Oct. 13, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker Retired

10B. KIND OF BUSINESS OR INDUSTRY: Nursery

11. BIRTHPLACE (State or foreign country): Berlin Md R.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Collins

14. MOTHER'S MAIDEN NAME: Sally Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Nr (If Yes, give war or dates of service) Nr

16. SOCIAL SECURITY NO. 218-30-1001

17. INFORMANT & ADDRESS: Mrs Bessie Mitchell, Whaleyville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion

ANTECEDENT CAUSE (B) DUE TO Myocarditis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..., to 4-5 1955, that I last saw the deceased alive on 4-5 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE Clifford E. Schott M. D. ADDRESS Berlin Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 4/9/55

NAME OF CEMETERY OR CREMATORY: Buckingham

LOCATION (City, town, or county): Berlin State: Md

DATE REC'D BY LOCAL REGISTRAR: 4-7-55

REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Annie A Burbage ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4181 CERTIFICATE OF DEATH

04171 Reg. Dist. No. 555

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place): Most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Route # 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural give location): Route # 2

3. NAME OF DECEASED: (First) John (Middle) Wesley (Last) Davis

4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: About 1890

9. AGE last birthday: About 65 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Thomas Davis

14. MOTHER'S MAIDEN NAME: Rachel Poplar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: John Wesley Davis, Jr. Berlin, Md. Rt. # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Congestive heart failure due to Progressive Chronic — Interval Between Onset And Death: 6 Years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) due to arteriosclerotic C.V.D. — 10 years.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948 to April 1955, that I last saw the deceased alive on April 5, 55, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE: J. W. Townsend Jr. (Degree or title) M.D. ADDRESS: Ocean City, Md. DATE SIGNED: April 15 55.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-17-'55
NAME OF CEMETERY OR CREMATORY: Purnell Burying Ground
LOCATION (City, town, or county) (State): Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 4-16-55
REGISTRAR'S SIGNATURE: Helen F Hayward
24. FUNERAL DIRECTOR: Mary A. Stewart
ADDRESS: 324 E. Church St. Salisbury, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04172

4182

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Stockton
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City + Berlin X 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Catherine (Last) Elliott

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Feb 27 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days 4 IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Worcester Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Mullen

14. MOTHER'S MAIDEN NAME: Charlotte Bunting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. (If Yes, give war or dates of service)

18. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Alice Sharpley Stockton Md daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 442X

(A) Arteriosclerotic Cano-renal

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) disease

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1955, to April 1, 1955 that I last saw the deceased alive on March 31, 1955, and that death occurred at 2:20 P M, from the causes and on the date stated above.

SIGNATURE M. D. Paul Cohen ADDRESS Snow Hill Md DATE SIGNED 4/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/3/55	Taylorville	Berlin (R.F.D.) Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 4, 55	Elwyn E. Cooper	Anna A. Bunting	Berlin Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4183

04173

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 955

1. PLACE OF DEATH:

COUNTY Worcester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Berlin

LENGTH OF STAY (in this place): 15 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Camp at Berlin

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Worcester

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Berlin X

STREET ADDRESS (If rural, give location): Rural 1

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William Elliott	April 5 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Col	Married	about 1890	about 60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farming	Berlin, Virginia	U.S.A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Sydney Hackett	Sarah Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No / No	None	Ida Nocks, Painter, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure & Cer Hemorrhage	1 week
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis	5 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis Hypertension 10-12 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Kenneth A. Collins M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 4/6/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-12-55	Johnston Cemetery	Salisbury Wicomico Co, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-16-55	Helen F Hayward	Mary A. Stewart,	Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

4184 — 2411 N. Charles Street, Baltimore — 04174

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Showell, Rural — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (X)

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Showell - Rural X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Hall

4. DATE OF DEATH: (Month) Apr. (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1874

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Rented farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Andrew Hall

14. MOTHER'S MAIDEN NAME: Catherine Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Sally Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

591X Immediate cause (a) Chr Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr Brights with Dropsy

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ....., 1955, to 4-29-, 1955, that I last saw the deceased alive on 4-28, 1955, and that death occurred at 1.45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

~~About 30~~ Chas R. Law — Berlin Md — 4-30-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 1, 1955 — NAME OF CEMETERY OR CREMATORY: Showell — LOCATION (City, town, or county): near Showell (State): Md.

DATE REC'D BY LOCAL REG. 5-1-55 — REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR — ADDRESS: Henry A. Watson Pocomoke Md.

4185

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 04175

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)
X TOWN Showells
LENGTH OF STAY (in this place) 2 mo 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Showells
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ronald (Middle) Phillip (Last) Hudson

4. DATE OF DEATH (Month) April (Day) 11 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White		Jan. 30, 1955		2 mo	11		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	—	Showells Md	U.S.A.

13. FATHER'S NAME: Russell Hudson

14. MOTHER'S MAIDEN NAME: Hilda Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No	—	Mrs. Russell Hudson Showells Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, & Bronchialitis, bilateral Acute & Severe	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Herman A Rabbins M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 4/12/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/12/55	Evergreen	Berlin Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-12-55	Helen F Hayward	Anna D. Burbage Berlin Md

2115 & 74385

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04176

4186 **CERTIFICATE OF DEATH** Reg. Dist. No. 355

1. PLACE OF DEATH. COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Chester (Middle) Corkran (Last) Nicholson
4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Oct. 11, 1884	70 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Telegraph Operator	Railroad	Laurel Del	U. S. A.

13. FATHER'S NAME: Elijah Nicholson
14. MOTHER'S MAIDEN NAME: Kate Carmeane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	No	No.	Mrs. Chester Nicholson Berlin Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
24 hrs IMMEDIATE CAUSE	(A) Cor Pulmonal & Cardiac Failure &	3 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO Anasarca due & Chronic Pulmonary (B) Asthma & Bronchiectasis & severe	6 yrs
	DUE TO Emphysem (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis Generalized	5 yrs

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ....., 19 55, to 1 Apr, 19 55, that I last saw the deceased alive on 1 Apr ....., 1955, and that death occurred at 9:45 A M, from the causes and on the date stated above.

SIGNATURE Hermann Rahlen M.D. ADDRESS Berlin Md DATE SIGNED 2 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/4/55	Maple Grove	Kew Gardens L.I. N.Y.

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-4-55	Helen F Hayward	Emma A Burbage	Berlin Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04137

4187

CERTIFICATE OF DEATH

Reg. Dist. No. 331

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke Rural #1
LENGTH OF STAY (In this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS (If rural give location) 09X-2

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Rhodes (Last) Rew

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Oct. 22-1897 | 9. AGE last birthday: 57-6-2 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired) Home Warden | 10B. KIND OF BUSINESS OR INDUSTRY: State of Md | 11. BIRTHPLACE (State or foreign country): Halltown Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Rew

14. MOTHER'S MAIDEN NAME: Emma Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Pearl M. Rew, Vienna, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9

IMMEDIATE CAUSE (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1955, to 4/24, 1955, that I last saw the deceased alive on 4/24, 1955, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

SIGNATURE Thomas L. Jones, M.D. ADDRESS Snow Hill, Md. DATE SIGNED 4/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 27/55 | NAME OF CEMETERY OR CREMATORY Spence Baptist | LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR: April 27, 55 | REGISTRAR'S SIGNATURE: Elwyn E. Cooper | 24. FUNERAL DIRECTOR: Clayton Timmons | ADDRESS: Snow Hill, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4188 **CERTIFICATE OF DEATH** 04178

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY WORCESTER MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BERLIN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN X
STREET ADDRESS (If rural give location) R.F.D. 1

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) LEE (Last) SMITH JR.

4. DATE OF DEATH: (Month) APRIL (Day) 23 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COL

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: MAR. 28, 1955

9. AGE last birthday 3 MONTHS DAYS

IF UNDER 1 YEAR: Months 3 Days 5 | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BERLIN MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID LEE SMITH SR.

14. MOTHER'S MAIDEN NAME: MABLE LEE WALTERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: DAVID L. SMITH SR. BERLIN MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7640 IMMEDIATE CAUSE (A) Infectious Diarrhea

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 19 55, to 4/23, 19 55, that I last saw the deceased alive on 4-22, 1955, and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE Leroy H. Smith, Jr. M. O. ADDRESS Berlin, Md DATE SIGNED 4/23/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 4/24/55 | NAME OF CEMETERY OR CREMATORY St. PAULS | LOCATION (City, town, or county) BERLIN (State) MD

DATE REC'D BY LOCAL REGISTRAR 4-24-55 | REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Emma A Burbage ADDRESS Berlin Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20351933

4189 04179

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL Ocean City | LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 1 Ocean City Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berlin X
STREET ADDRESS (If rural, give location) Bay Street. 1

3. NAME OF DECEASED: (Type or Print) (First) Alvin (Middle) Joseph (Last) Townsend.

4. DATE OF DEATH (Month) April (Day) 5 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Oct 21 1885	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Carpentering	Wrent to Maryland	USA

13. FATHER'S NAME: Joseph W. Townsend

14. MOTHER'S MAIDEN NAME: Ellen Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs. Bessie Townsend Wife R 1 Ocean City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 420.1 Coronary Occlusion Acute	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic CVD	5 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. Townsend. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Apr. 6 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/7/55	Evergreen	Berlin Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-7-55	Helen F Hayward	Anna A. Bunting	Berlin Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.